

**SONIC BOOM / NOISE COMPLAINT / LOW-FLYING AIRCRAFT**

**DATE:**

**CALLER'S NAME:**

**PHONE #:**

**ADDRESS:**

**DATE AND TIME OF INCIDENT:**

**Nature of complaint:**

**Type of Aircraft:**

**Color:**

**Any damage:**

**Name of person taking call:**

**Time and date of call:**

**Name of person responding to caller:**

\_\_\_\_\_

**Action taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coordination:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please send this form back to [509.bw.pa@whiteman.af.mil](mailto:509.bw.pa@whiteman.af.mil)